



VARICELLA (chickenpox) Reporting Form

Please use this form to report cases of varicella to your local or regional health office, or you can fax a copy of this document to the Texas Department of State Health Services in Austin at (512) 776-7616 at the end of every week. Please complete as many of the questions as possible. A report can still be submitted if all questions cannot be answered.

Form containing sections: PATIENT INFORMATION, REPORTING INFORMATION, DEMOGRAPHICS, Did patient visit a healthcare provider during this illness?, Was the patient hospitalized for this disease?, Is this patient a contact to another known varicella or shingles case?, CLINICAL DATA, LABORATORY DATA, Previous History of Disease?, and Did the patient attend? Transmission Setting (Setting of Exposure).